

1999 George S. Mickelson Fellowship Application

NAME: _____

JOB
TITLE: _____

DEPARTMENT: _____

DIVISION: _____

WORK ADDRESS: _____ PHONE: _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR: _____

Qualifying Criteria

1. Applicant must be a resident of the state of Wyoming and a full-time state employee for at least two consecutive years.
2. Must have a commitment to public service and to state government, and be willing to sign a contract to return to the state for at least one year of service to the state. The recipient need not return to their original department or agency.
3. Must have a willingness and ability to share with WGA member states information and advice acquired during the fellowship experience.
4. Must have a willingness and ability to apply skills and knowledge acquired during the fellowship experience to emerging issues in public service and state government.
5. Must have commitment, ability, education and experience necessary to complete the requirements of the program or educational activity to be funded by the fellowship.
6. Must receive approval from his/her supervisor to take the leave necessary to complete the educational opportunity. Administrative pay may be given during the fellowship absence.

I certify I meet the qualifying criteria. My education plan, resume, and supporting documentation are attached.

Print Name

Signature

Date